

Voluntary Work Schedule Adjustment Program

This is a mutually agreed upon arrangement that allows an employee to voluntarily take unpaid time off for a portion of the pay period (Plan A) or year (Plan C). Benefits are maintained during the reduced schedule. BLT hours must be exhausted prior to use of unpaid Plan A or Plan C hours.

Eligibility

Banked leave time hours must be exhausted before Plan A or C hours may be used.

Full-time employees who have satisfactorily completed the first 720 hours of their initial probationary period are eligible to participate in the Voluntary Work Schedule Adjustment Program Plan A with supervisory approval. Full and part time employees who have satisfactorily completed their initial probationary period may participate in Plan C with supervisory approval. Permanent Intermittent employees are not considered full time for purposes of this agreement. Employees will not incur a break in service by voluntarily participating in this program.

Non-exclusively represented employees, SEIU 517M S&E, HSS, and Technical Bargaining Units, UAW and MSEA represented employees are eligible to participate.

Hours taken under any of the following plans may count against an employee's leave entitlement under the Family and Medical Leave Act, if taken for a qualifying purpose.

Participation may impact deductions for Deferred Compensations Plans, 457 or 401K. Employees will be allowed to adjust the amount of their deductions by contacting CitiStreet @ 1-800-748-6128.

Plan A Reduction of Hours

Plan A allows employees to take hours off work unpaid. Retirement service credits, longevity compensation, step increases, employment preference, holiday pay, annual and sick leave accruals will continue as if the employee had worked and received pay for the Plan A hours. Premiums, coverage and benefit levels for insurance programs (including LTD) in which the employee is enrolled will not be changed as a result of participation in Plan A.

Use of Plan A time does not increase annual leave caps. Employees are responsible for monitoring their leave balances.

Plan A Single Pay Period

Employees may request up to 40 hours of Plan A time in lieu of annual leave use. Use must be in a single pay period, and may only be approved once during a fiscal year.

Plan A Multiple Pay Period

Employees may reduce the number of hours worked, by one to sixteen hours per pay period. Requests may be for any number of pay periods, however a new form is required for any change in the number of hours requested per pay period. The schedule may be constant or may vary from pay period to pay period. If the employee and supervisor agree to a varied schedule the employee need not complete the schedule portion of the form.

Plan C Unpaid Leave of Absence

Leaves will be for a minimum of 80 hours and may be extended at the request of the employee with approval by the employer (appointing authority). No leave shall extend beyond 3 months. An employee's share of insurance premiums must be pre-paid prior to entry on leave. Accumulated annual and sick leave balances will be frozen for the duration of the leave.

STATE OF MICHIGAN
VOLUNTARY WORK SCHEDULE ADJUSTMENT AGREEMENT

Name _____ ID # _____ Classification _____ Bargaining unit _____

Dept _____ Work location _____ TKU _____ Work phone _____

In accordance with the voluntary work schedule adjustment agreement, I request the following voluntary change in conditions of my employment. I understand that my supervisor and I must agree in writing on my work schedule.

___ **Plan A Single pay period in lieu of annual leave use** (up to 40 hours in a single pay period per fiscal year)
PPE _____ Total hours reduction for the pay period _____

Proposed work schedule (hours in pay status per day)

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hrs/PP

___ **Plan A Multiple pay period reduction of hours** (limit 16 hours reduction per pay period)
Start date _____ End date _____ Total hours reduction per pay period _____

Proposed new work schedule, (hours in pay status per day)

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hrs/PP

___ **Plan C Unpaid leave of absence** (Maximum period 3 months)

Unpaid leave of absence beginning _____ and ending on _____

By signing this Plan C agreement I understand that during this leave of absence I may elect to continue my present State-sponsored group insurance coverage by pre-paying my present share of the premium prior to departure.

Cancellation of Agreements: An agreement under this program can be terminated by the department upon ten (10) working days' notice in writing to the employee. Such termination shall not be grievable. The employee may terminate this agreement upon ten (10) working day's notice in writing.

Employee's Signature _____ Date _____

A description of the details of each Plan, including eligibility requirements can be found on the reverse of this Agreement.

Approved___ Denied*___

Supervisor Name

Signature

Date

Approved___ Denied*___

Division/Bureau Director Name

Signature

Date

Approved___ Denied*___

Appointing Authority Name

Signature

Date

*Please attach brief explanation if denied

For Personnel Office Use Only

I _ I _ I _ I _ I _ I _ I _
Employee ID Number

I _ I
Plan Code Hrs. Deferred

I _ I _ I

I _ I _ I _ I _ I _ I _ I _
Ending Date MO DA YR

Complete in triplicate: One copy to be retained by employee, one by the supervisor and one forwarded to Human Resources.